F13=

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 114979 PIN# 4639-23-5078.10 4639235608 DATE Jan 6, 2004

OWNER OR CONTRACTOR Beacon Point Partners LLC / ATKINSON HOMES PHONE: Business _____ Home _____

ADDRESS P.O. Box 3608, Mooresville N.C. 28117

LOCATION Perth Rd N. TL Fern Hill TR Bullfinch TL Fox Hunt Ct. SFE 10A 1st on left. Lot 10 on left at end

SUBDIVISION Beacon Point BLOCK / SECTION 3 LOT 10/10A LOT AREA 1.5Ac +.673Ac SITE CLASS. PS SFE DESIGN FLOW 480gpd L.T.A.R. .25 SFE 10A

Septic Tank: 1000 Gallons; STB 825 Date 8/21/04
Pump Tank: 1000 Gallons; PT 362 Date 6/4/04
Pump Make: Zoeller Model N140 Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1440 Linear Feet 480
No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM 25% Reduction
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ___
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

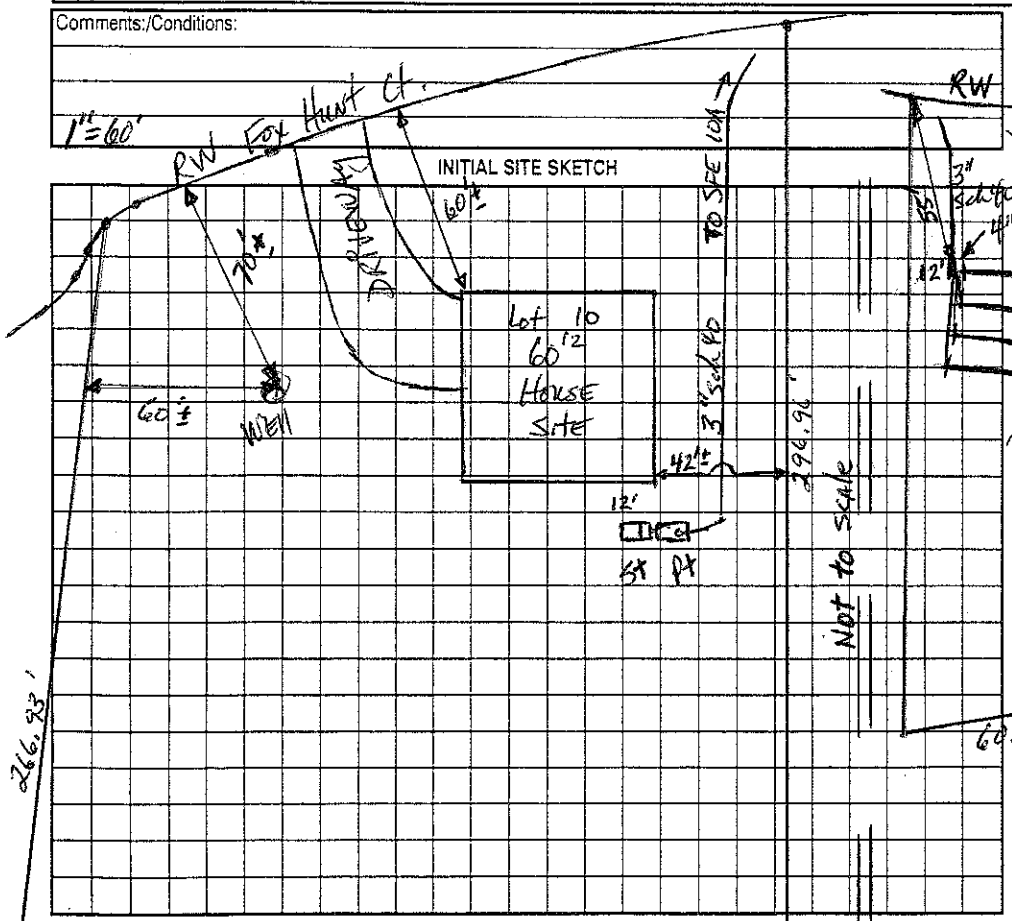
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

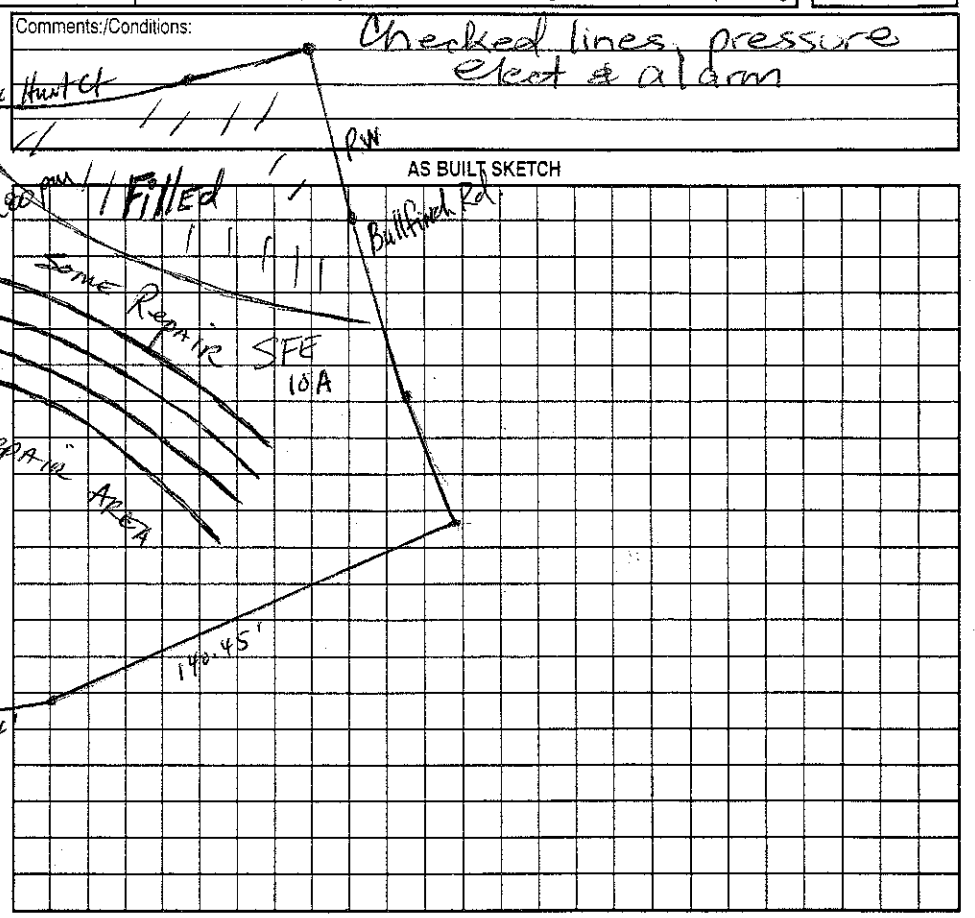
Comments:/Conditions: Checked lines, pressure elect & alarm

1"=60'

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 1-9-04 Installed by: Dawson Septic Tank R.S.

Improvement Permit by: Mark R. Hinson, RS date Jan 6, 04 Operation Permit by: Mark R. Hinson R.S. date 11/18/04

Authorization to Construct by: Wade Marks R.S. date 4/21/04 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK